

**Art Competition Release Form
Congressman Brett Guthrie's Office**

PERSONAL INFORMATION

Full Name: _____		Email Address: _____		
Address: _____		(City)	(State)	(Zip)
Telephone #'s: _____	_____	_____		
(Cell)	(Home)	(Other)		
Birth Date: _____		Social Security #: _____		
Father's Name: _____				
Father's Address: _____				
(City) (State) (Zip)				
Mother's Name: _____				
Mother's Address: _____				
(City) (State) (Zip)				
High School: _____				
Art Teacher's Name: _____		Email Address: _____		

I hereby AUTHORIZE Congressman Brett Guthrie, his staff, and those acting on his behalf, to release my artwork information (including my full name and award, should I win one) to any news media outlet. I also affirm that the above information is complete and accurate. I understand that by signing the line below, my artwork, name, and award(s) (if applicable) may be shared to any pertinent outlet available to Congressman Guthrie.

Signature: _____ Date: _____

Parental Signature: _____ Date: _____

ALL FORMS DUE (with artwork) BY: April 13, 2016

RETURN ALL COMPLETED FORMS TO:

**Congressman Brett Guthrie
Attention: 2016 Art Competition
996 Wilkinson Trace, Suite B2
Bowling Green, KY 42103**

Phone: 270-842-9896

Fax: 270-842-9081